P140000 646 45

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Ci	h/Stata/Zin/Dhana	- 40		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





000270590880

03/16/15--01011--013 **35.00

15 MAR 16 PM 3: 48

SECRETARY OF STATE
TALLAMASSEE, FLORIDA

MAR 1 6 2015 T. CARTER

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: OMSAN INC.

Name of Corporation

DOCUMENT NUMBER.

P14000064645

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSMAN MYUMYUN

Name of Contact Person

OMSAN INC.

Firm/Company

258 GLADES CIRCLE

Address

LARGO, FLORIDA 33771

City/State and Zip Code

mosman8803@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSMAN MYUMYUN

..630

344-3294

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporatio	o17.0302, 007.1308, or 017.1308, Ftoriaa Statute on organized under the laws of the State of <mark>FLORI</mark> or registered agent, or both, in the State of Florida	DA	_
	the corporation: OMSAN INC	·		
2. The principal	office address: 258 GLADES	S CIRCLE, LARGO FL 33771		
3. The mailing a	address (if different): SAME			
4. Date of incor	poration/qualification: 08/01/2	2014 Document number: P14000064	1645	<u></u>
5. The name an		istered agent and registered office on file with the		
	OSMAN MYUMYUN			
305 GLADES CIR APT 258 LARGO, FL 33771				TAT 13
			i i	CRE
6. The name an (if changed):	2	ered agent (if changed) and /or registered office	5 MAR 16 PM	TARY OF
	OSMAN MYUMYUN		3: 4 8	40.1; VI S
	258 GLADES CIRCLE		δ	A SE
		Box NOT acceptable		
	LARGO, FLORIDA 337			
The street addr as changed wil	ress of its registered office and the legisterial.	e street address of the business office of its regis	tered ago	ent,
		adopted by its board of directors or by an officer been notified in writing of the change.		
		OSMAN MYUMYUN PRES	IDENT	<u>-</u>
I hereby accep I further agree performance o	to comply with the provisions of f my duties, and I am familiar wit	Printed or typed name and title segent and agree to act in this capacity. all statutes relative to the proper and complete th and accept the obligation of my position as re y to reflect a change in the registered office addi otified in writing of this change.	gistered ess, I	
		03/10/2015		
Signature of Registered Agent		Date		
If signing on b	ehalf of an entity:			
 	Typed or Printed Name	_		
	* * * FILI	ING FEE: \$35.00 * * *		